Conclusion We found very high satisfaction with and loyalty to GCO among first-time users, indicating a successful service model from a client perspective. In addition to uptake and test outcomes, user experience is a key outcome for evaluation of online HIV/STI testing services.

P2.28 ART – INDUCED NEPHROTOXICITY AND CHRONIC KIDNEY DISEASES AMONG AMBULATORY HIV – INFECTED PATIENTS WITH LOW BODY MASS INDEX IN BRAZZAVILLE, CONGO: INCIDENCE AND ASSOCIATED RISK FACTORS

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Introduction To describe the incidence and risks factors of ART induced nephrotoxicity and chronic kidney disease (CKD) in HIV-1-infected adults with low body mass index ($<18.5 kg/m^2$).
Methods A retrospective cohort study at the Ambulatory Treatment Centre in Brazzaville, Congo. Patients with estimated glomerular filtration rate (eGFR) decrease by 25% compared to baseline or a 0.5 mg/dL increase in Serum creatinine (Scr) above baseline were classified as having nephrotoxicity, and CKD was defined as a value less than 60 ml/min per $1.73m^2$.We used Cox proportional hazards regression models to determine factors associated with nephrotoxicity and CKD.
Results Of 325 patients, 73.23% were women. Median values was: age: 37.55 years (IQR: 33.51–44.96), weight: 45 kg (IQR: 41–49), CD4 count: 137.5 cells/µl (42 – 245). In the first 24 – months followup on ART incidence rate of nephrotoxicity and CKD was 27.95 and 7.44 per 100 person – years respectively. Multivariate analysis identified as a risk factor of nephrotoxicity, baseline haemoglobin below or equal 8 g/dL (aHR=2.25; 95% CI, 1.28–3.98; p=0.005), eGFR between 60–80 (aHR=0.33; 95% CI, 0.20–0.56; p=0.001) and below 60 ml/min/$1.73m^2$ (aHR=0.11; 95% CI, 0.03–0.46; p=0.003), and the use of tenofovir (aHR=1.51; 95% CI, 1.01–2.26; p=0.04). Each 10 year older age was associated with an increased risk of developing CKD (aHR=1.95; 95% CI, 1.2–3.17; p=0.007).
Conclusion Incidence of nephrotoxicity and CKD were high. HIV positive patient with low BMI at baseline need close monitoring of their renal function when treated with tenofovir.

P2.29 PERFORMANCE OF A CLINICAL PREDICTION SCORE FOR TARGETED CREATININE TESTING IN AFRICA

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Introduction in sub-saharian africa, in clinical practice only patients meeting the WHO criteria to start antiretroviral treatment undergone creatinine testing, by lack of reagents. Some patients with renal dysfunction are not diagnosed. Van Griensven et al. developed a clinical prediction score (CPS), to accurately identify Cambodian patients, with median baseline body weight of 49 kg (IQR: 43–55), who need a creatinine test before initiating antiretroviral therapy, based on the post-test probability of renal dysfunction. We evaluated the performance of this CPS for predicting patients at risk of kidney dysfunction (KD) in Brazzaville, Congo.
Methods The CPS includes following predictors: age (score +2 if>40 years), body weight (score +2 if <45 kg), and haemoglobin (score +1 if>10 g/dL), the alternative CPS includes: age (score +2 if>40 years), body weight (score +2 if<45 kg), sex (score +1 if female), and WHO stage (score +1 if WHO stage III/IV). The overall test performance of the CPS was assessed by calculating the area under the receiver-operating characteristic (AUROC) curve. We defined KD as an estimated creatinine clearance based on the Cockcroft - Gault equation, by using two threshold, <50 (CG1) and <60 (CG2) mL/min.
Results Among 545 patients, median values was: body weight 55 kg (IQR 48–63), age 38.87 years (33.18–46.21); 76 (13.95%) and 142 (26.06%) patients, respectively for CG1 and CG2, had KD. AUROC was 0.6183 (CPS) and 0.5815 (alternative CPS) for CG1 (p=0.0541), 0.7140 (CPS) and 0.6691 (alternative CPS) for CG2 (p=0.0016).
Conclusion Because the baseline body weight of African is high than in Cambodian patients, the CPS must be designed for African patients, it is a useful supplement to clinical judgment in the era of limited resources.

P2.30 SURVEY OF ANTIMICROBIAL RESISTANCE IN CLINICAL *NEISSERIA GONORRHOEAE* ISOLATED OVER A PERIOD OF FOUR YEARS IN NAIROBI – KENYA

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Introduction There is increasing urgency to document changing antimicrobial resistance (AMR) patterns of *N. gonorrhoea* (GC) in different parts of the world. High-level resistance to previously recommended quinolones is widespread and decreased susceptibility to the extended-spectrum (third-generation) cephalosporin. The surveillance for AMR in Kenya and the region was undertaken to determine the frequency and diversity of antimicrobial resistance of gonococcal isolates from Sex Workers Outreach Program (SWOP) Clinic.
Methods The survey tested 238 isolates over a period of 4 years from participants presenting with cervical/vaginal discharge. Samples collected were inoculated directly on modified Thayer martin media (MTM), transported to GASP Laboratories at KAVI-Institute of Clinical Research and identified by standard bacteriological procedures. Antibiotic susceptibility testing of *GC* isolates was performed using diffusion gradient method. The MICs of penicillin, tetracycline, ciprofloxacin, spectinomycin, erythromycin, Azithromycin, cefixime and ceftriaxone were determined by the E-test method. The strains were defined as susceptible, intermediate and resistant using the WHO guidelines, all the findings were validates at WHO Collaborating Centre for Gonorrhoea and other STIs, Örebro University Hospital in Sweden.
Results 41 isolates in 2012,119 isolates in 2013, 24 isolates in 2014 and 54 isolates in 2015 showed 100% susceptaility for cefixime, ceftriaxone and spectinomycin, with a mean susceptibility of 82%, 37.7%, 19.5%, 1.6% and 0% for azithromycin,

erythromycin, ciprofloxacin, penicillin and tetracycline respectively. Resistance for ciprofloxacin had rise from 56% in 2012, 58.8% in 2013, 66.7% in 2014 to 68.5% in 2015.
Conclusion Spectinomycin, cefixime, ceftriaxone, azithromycin are useful. Ciprofloxacin the most prescribed antibiotic is no longer reliable for treatment of GC. Continuous surveillance is essetial to mordify treatmet guidelies. Worsening GC drug resistance will compromise effective treatment and decrease disease control efforts.

P2.31 ANNULAR LICHEN PLANUS ON PENIS TREATED WITH TOPICAL PIMECROLIMUS 1%

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Introduction Lichen planus (LP) is an idiopathic inflammatory disease of the skin and mucous membranes. Classical LP is characterised by pruritic, violaceous papules that favour the extremities. Annular lichen planus (ALP) is a long-recognised clinical variant of lichen planus, but is often considered uncommon in occurrence. ALP commonly involves the male genitalia but also has a predilection for intertriginous areas such as the axilla and groin folds. Distal aspects of the extremities, and less commonly the trunk, may also be involved.
Methods We report the case of 38 year-old uncircumcised male patient who addressed our clinic for multiple asymptomatic annular lesions on the glans penis and corpus penis and whitish linear bilateral and symmetric lines on buccal mucosa with 2 years duration. During this period the patient was treated several times with antifungal and corticosteroid drugs without improvement.
Results Diagnosis was based on clinical features and histological examination. The patient was treated with topical pimecrolimus 1% with significant improvement after 3 weeks.
Conclusion This description highlights the importance of patients presenting annular lesion on penis be routinely required to undergo further medical examination for Canddida spec., Sexually transmitted infections and if is necessary to perform the biopsy because the exact diagnosis is basis for proper treatment.

P2.32 SYPHILIS MANAGEMENT IN CHILE: IS PARTNER NOTIFICATION A MISSED OPPORTUNITY?

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Introduction Partner Notification (PN) is an essential strategy for sexually transmitted infection (STI) control, but both policies and methods of implementation vary among countries. Using syphilis as a case study, we investigated the Chilean policy regulations relating to PN and examined the effect of these policies in the field.
Methods Qualitative techniques were used to gain insights into current Chilean policies related to syphilis management and control, and to understand the nuances of delivering PN in the current system. The latest national standards/policies with the words "STIs" or "syphilis" in the title were analysed. 48 semi-structured face-to-face interviews were conducted with healthcare providers (HCP). A third of the interviews were transcribed verbatim and translated from Spanish to English for thematic analysis, which followed an inductive approach based on grounded theory. Following the identification of themes, remaining interviews were coded utilising a method of constant comparison to highlight concordance and dissonance of participant views.
Results A total of six documents met the inclusion criteria. While syphilis prevention is highlighted in them, PN was barely acknowledged as a necessary activity to reduce the risk of transmission and reinfection. No document provided detailed information about PN strategies. HCP recognised PN as an essential strategy for STI control; however, they identified a lack of available guidelines and resources to ensure best practice. Additionally, the PN strategies currently undertaken are inconsistent and varied across services.
Conclusion Strengthening policies at a local and national level to reinforce PN should be considered by Chilean authorities. A priority action plan which includes training of HCP in PN and a strong support network for efficient delivery of PN would both enhance STI control and the long-term impact of existing policies.

P2.33 CO-OCCURRENCE OF *TRICHOMONAS VAGINALIS* AND BACTERIAL VAGINOSIS AMONG WOMEN; PREVALENCE AND TREATMENT OUTCOMES

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Introduction Both *Trichomonas vaginalis* (TV) and bacterial vaginosis (BV) cause vaginitis and place women at higher risk for HIV infection. Both are treated with metronidazole (Mtz) but at different doses. The purpose of this study was to examine the co-occurrence of these infections and BV treatment outcomes among TV+/BV+ women multi-dose Mtz for the treatment of TV.
Methods Women attending three sexually transmitted disease clinics in the southern US who had a diagnosis of TV (culture or NAAT confirmed) were interviewed and examined for BV using a Nugent score $\geq$7. Women were randomised to either 2 g single dose or 500 mg Mtz BID for 7 days multi-dose for the treatment of TV and followed 3–12 weeks post TV treatment and retested for both TV and BV. Medical records were abstracted for Amsel criteria for a subset of the cohort.
Results Of 528 TV+ women at baseline, 49.8% also had BV per Nugent score, 44.3% reported a history of BV and 5.9% also had yeast. Of 289 women whose medical records were abstracted, 23.5% had a vaginal discharge consistent with BV (i.e. thin and white/grey), and 34.1% were BV+ per Amsel at baseline. Of the 46 women who were BV+ at baseline per Amsel (i.e. diagnosed at point of care) and per Nugent (i.e.